

NITED STATES PATENT AND TRADEMARK OFFICE

PATENT

99.539

Applicant: Robert Klaus

Art Unit: 3626

Serial No.: 09/477,057

Examiner: Robert W. Morgan

Filed: January 4, 2000

RECEIVED

For: INTERACTIVE SYSTEM AND FEB 1 0 2004

METHOD FOR SELLING

GROUP 3600

INSURANCE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is: Transmittal (3 pgs., in duplicate); Amendment in Response to Office Action dated October 3, 2003 (41 pgs.); Return post card

STATUS

Applicant

claims small entity status. is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

Express Mail No. EV299863375US

Date: February 2, 2004

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Commissioner for Patents, P.O. Box 1450,

Alexandria, VA 22313-1450.

Daniel M. Fitzgerald, Reg. No. 38,880

02/06/2004 YPOLITE1 00000038 012384 09477057

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EXTENSION OF TERM

3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.									
	(complete (a) or (b), as applicable) (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)									
Ext	ension fo	or response within:	Other than small entity Fee	Small entity Fee (if applicable)						
		irst month	\$ 110.00	\$ 55.00						
		second month	\$ 420.00	\$ 210.00						
		☐ third month	\$ 950.00	\$ 475.00						
		fourth month	\$1,480.00	\$ 740.00						
		fifth month	\$2,010.00	\$ 1,005.00						
			Fee Due	\$ 110.00						
If a	n addition	nal extension of time is required, plo (Check and complete the ne	ease consider this a peti							
If an	n additio		ease consider this a peti ext item, if applicable) ths has already been sec	tion therefor. ured. The fee paid						
If an	n additio	(Check and complete the net) An extension of month therefor \$ is deducted of extension now requested.	ease consider this a peti ext item, if applicable) ths has already been sec	tion therefor. ured. The fee paid or the total months						

			FEE	FOR CLA	IIVIS						
4.	The fee for cla	ims (37 (C.F.R. 1.16(b)-(d)) has b	een cal	culated as s	hown	below:			
	(Col. 1)		(Col. 2)	(Col. 3)	SMAI	LL ENTITY		OTHER THAN SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PRESENT PAID FOR EXTRA		ADDITIONAL. RATE FEE OR		OR	ADDITIONAL RATE FEE			
TOTAL	29	MINUS	21	=8	x \$9 =	\$		x \$18 = \$144.00			
INDEP.	8	MINUS	6	=2	x \$43 =	\$		x \$86 = \$ 172.00			
_	FIRST PRESEN	TATION OF	MULTIPLE DEP. (CLAIM	+ \$140 =	\$		+ \$280 = \$			
					TOTAL A	ADDITIONAL	OR	TOTAL ADDITIONAL FEE \$316.00			
	(a)	No add	itional fee for	r Claims is	required	i					
				OR							
	(b) 🔀	Total a	dditional fee	for claims	required	\$ <u>316.00</u>					
			FEE	PAYME	NT						
5.	Attached is a check in the sum of \$										
Charge Deposit Account No. 01-2384 the sum of \$426.00 A duplicate of this transmittal is attached.											
	•			DEFICIEN							
6. If any additional extension and/or fee is required, charge Depos 01-2384.								sit Account No.			
				AND/OR							
	If any 2384.	addition	al fee for clai	ms is requi	red, cha	rge Deposi	t Acc	ount No. 01-			
7.	Other:			Reg ARI One St. I	. No. 38 MSTRO Metrop	itzgerald ,880 NG TEASI olitan Squa IO 63102		E LLP			